

The measures of suicidal prevention in Mie Prefecture, Japan

To the Editor,

According to Vital Statistics of the Ministry of Health, Labour and Welfare, the number of suicides in Japan has increased from approximately 23,500 per year in 1997, but rose sharply to approximately 32,000 in 1998.¹ Afterwards, the number of suicides surpassed 30,000 annually and the number remains high in Mie Prefecture as well as all of Japan.¹ So far, several measures of suicidal prevention are carried out in a few prefectures and areas. For example, in Akita Prefecture, one of highest suicide rate in Japan, prevalence of depressive symptoms was clarified by smaller districts and measures based on paring down of the pertinent districts were implemented; a marked rise in the suicide rate was curbed, however this Prefecture still has the highest suicide rate in Japan, and further measures of suicidal prevention is necessary.² According to the report of Ono,³ the measures of suicidal prevention for the entire community were conducted in Matsunoyama town, Niigata Prefecture, which had a high proportion of elderly residents and a high suicide rate, with the cooperation of the public health nurses, clinic physicians, and psychiatrist in this area. “Life-saving Line” and “Employment Agency” cooperate with medical institutions, the police, and government and carry out measures of suicidal prevention among these days in all of Japan. Rapid suicidal increase regardless of such intervention shows that the measures of suicidal prevention among most prefectures in Japan are insufficient. In our Mie Prefecture, in addition to the measures of suicidal prevention of “Life-saving Line” and “Employment Agency” carried out in all of Japan, and the promotion meeting among the measures of suicidal prevention in Mie Prefecture carried out generic measures of suicidal prevention of the “listener system”. As the result, we think that the rate of suicide in Mie Prefecture is one factor to preserve the low position in Japan among these days. In this report, we focused on the measures of suicidal prevention in Mie Prefecture.

According to a report by Yoshioka,^{4,5} Mie Prefecture showed intermediate levels of suicide relative to Japan as a whole during the seven-year period from 1989 to 1995. We reported that the tendency of suicide in Mie Prefecture was almost same as in all of Japan during the seven-year period from 1996 to 2002.⁶ Additionally, we showed that pre-suicide signs of completed suicide in Mie Prefecture were noted in 40.4% of the cases during the period.⁵ We showed the recently suicidal data of Vital Statistics of the Ministry of Health, Labour and Welfare in Tables 1a and 1b, and Fig. 1. The promotion meeting concerning the measures of suicidal prevention in Mie Prefecture discusses measures of suicidal prevention for the cause in these reported suicidal

data among Mie Prefecture. Generic measures of suicidal prevention in Mie Prefecture have the “listener system” since 2002. Because the number of suicides in Mie Prefecture showed the tendency of the rapid increase same as Japan, the “listener system” was established. The established system consists of “leader training” and “listener training”. The people of “training” in listener have to understand suicidal data, suicidal tendency and pre-suicide signs of completed suicide in Mie Prefecture as well as whole Japan in the lecture done two or more times. Preventing suicide is one of the main theme of the lecture. The people of “leader training” in listener are the qualification to teach the people of “training” in listener as well as the matter of “training” in listener. Among the lecture “leader training” and “listener training” in listener, psychiatrists, industrial physicians, public health physicians, legal medicine doctors, and nurses teach the lecture of suicide in every aspects. In addition, the number of listener since 2003 increase in comparison with 2002, and we showed the details in Fig. 2. After 1998 when suicides increased rapidly in Japan, the rate of suicide was lower in Mie Prefecture than all of Japan.

Table 1a
The number of suicides in Mie Prefecture in the period 1995–2005: (population)

Year	Total
1995	295
1996	287
1997	274
1998	452
1999	431
2000	378
2001	395
2002	379
2003	456
2004	387
2005	365

Table 1b
The number of suicides in Japan in the period 1995–2005: (population)

Year	Total
1995	21,420
1996	22,138
1997	23,494
1998	31,755
1999	31,413
2000	30,251
2001	29,375
2002	29,949
2003	32,109
2004	30,247
2005	30,539

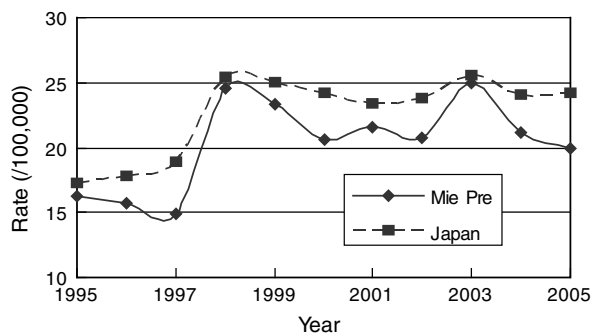


Fig. 1. The rate of suicides in Mie Prefecture and Japan in the period 1995–2005.

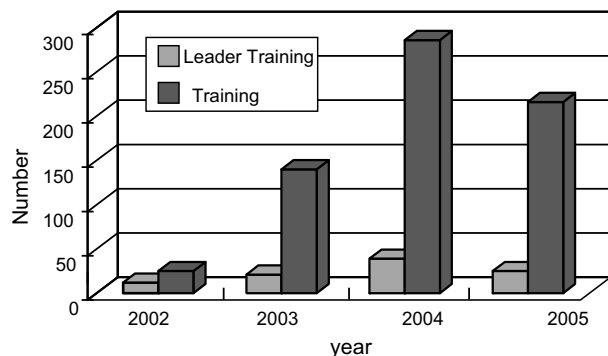


Fig. 2. The number of “leader training” and “training” in listener.

In Mie Prefecture, the measures of suicidal prevention are carried out in such way as the prefecture and area, and “listener system” is the one of those. In late years the rate of suicide in Mie Prefecture is lower than average of whole Japan, suggesting the partial effect of “listener system”. The attempts concerning suicidal prevention are necessary in cooperation with the local government such as

prefecture, area, police, administration, as well as medicine and welfare.

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Oronasal bleeding in sudden infant death – Letter to the editor

We read with interest the paper by Saturnus et al. in which they detail support programs for parents who have suffered an unexpected infant death.¹ The paper deals with many difficult issues and is to be commended in outlining amongst other factors the very important role that forensic pathologists may have in assisting with parental grief. We were, however, concerned with the statement that “blood escaping from mouth and nose . . . is quite common” as this has certainly not been our experience. While blood-tinged fluid is undoubtedly often seen, we have found the presence of frank blood prior to resuscitation to be uncommon. It may, in fact, indicate that an asphyxial episode has occurred. In a study of 406 infants from San Diego, USA,

blood was reported in only 28 (7%) of cases compared to other secretions in 31%.² Given its potential significance this disparity in reporting of nasal and oral bleeding in sudden infant death obviously needs clarification.

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